

Section A
Required Client Information:
Company: USS Corporation

Mt. Iron, MN 55768

Address: P.O. Box 417

Requested Due Date:

ITEM #

WS-002 Scrubber Make-Up WS-003 Thickner Overflow

hone:

CHAIN-OF-CUSTODY / Analytical Reques

The Chain-of-Custody is a LEGAL DOCUMENT. All relevant fields

W0#:1291673

PM: MMW

Due Date: 07/27/17

Sample Ids must be unique One Character per box. (A-Z, 0-91, -) **SAMPLE ID** ADDITIONAL COMMENTS Fax: MATRIX
Drinking Water
Water
Waste Water
Product
Soil/Solid
Oil
Wipe
Air
Other Project #: Required Project Information:
Report To: Tom Moe Copy To: Project Name: Purchase Order #: CODE OT AR WOLVE RELINQUISHED BY / AFFILIATION ≦ Š MATRIX CODE (see valid codes to left) NPDES-LINE 3 Wkly /welcation SAMPLE TYPE (G=GRAB C=COMP) 7-13-1708-15/7-13-1708-15 737708:357-137708:35 DATE START TIME SAMPLER NAME AND SIGNATURE COLLECTED SIGNATURE of SAMPLER: PRINT Name of SAMPLER: DATE B 7-13-17 16:35 TIME DATE SAMPLE TEMP AT COLLECTION Invoice Information:
Attention: # OF CONTAINERS Pace Profile #: Pace Project Manager: Pace Quote: Address: Company Name: TIME Unpreserved Tau most la H2SO4 HN03 Preservatives advision HCI NaOH M JANJAN ACCEPTED BY / AFFILIATION Na2S2O3 heather.zika@pacelabs.com, Methanol Other Y/N **Analyses Test** LAB FILTERED: SO4 DATE Signed: × Lab FILTERED: Ca,Mg,Har ested Analysis Filtered CLIENT: USS CORP DATE TIME Regulatory Agency TEMP in C Residual Chlorine (Y/N) 나,나 두,두 Received on SAMPLE CONDITIONS

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lce (Y/N) Custody Sealed Cooler (Y/N) Samples Intact (Y/N)

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Face Analytical*

Document Name: Sample Condition Upon Receipt Form

Document No.: F-VM-C-001-Rev.10 Document Revised: 15Mar 2016 Page 1 of 1

Issuing Authority:

Pace Virginia, Minnesota Quality Office

Courier: Fed Ex UPS Commercial Pace	USPS Other:	K	Client	PM: MMW Due Date: 07/27/17 CLIENT: USS CORP
ustody Seal on Cooler/Box Present? Yes	No	Seals	Intact?	Yes No Optional: Proj. Due Date: Proj. Name
acking Material: Bubble Wrap Bubble Ba	/		Other:	Temp Blank? Yes No
ermometer Used: 140792808	Type of			Blue None Samples on ice, cooling process has b
Cooler Temp Read °C: Cooler Temp C mp should be above freezing to 6°C Correction Fact		dis		Biological Tissue Frozen? Yes
Chain of Custody Present?	Yes	No	□N/A	1.
Chain of Custody Filled Out?	Yes	No	□N/A	2.
Chain of Custody Relinquished?	Yes	□No	□N/A	3.
Sampler Name and Signature on COC?	Yes	□ No	□N/A	4.
Samples Arrived within Hold Time?	Yes	No	□N/A	5. If Fecal:
Short Hold Time Analysis (<72 hr)?	□Yes	No	□N/A	6.
Rush Turn Around Time Requested?	Yes	No	□N/A	7. ·
Sufficient Volume?	Yes	No	□N/A	8.
Correct Containers Used?	Yes	No	□N/A	9
-Pace Containers Used?	Yes	No	□N/A	
Containers Intact?	Yes	No	□N/A	10.
Filtered Volume Received for Dissolved Tests?	□Yes	No	N/A	11. Note if sediment is visible in the dissolved containers.
Sample Labels Match COC?	Yes	□No	□N/A	12.
-Includes Date/Time/ID/Analysis Matrix:				
All containers needing acid/base preservation will be checked and documented in the pH logbook.	Yes	□ No	N/A	See pH log for results and additional preservati documentation
Headspace in Methyl Mercury Container	Yes	No	N/A	13.
Headspace in VOA Vials (>6mm)?	Yes	□No	N/A	14.
Trip Blank Present?	Yes	□No	DN/A	15.
Trip Blank Custody Seals Present?	Yes	No	DRI/A	
Pace Trip Blank Lot # (if purchased):				
LIENT NOTIFICATION/RESOLUTION			r	Field Data Required? Yes No
Person Contacted: Comments/Resolution:				Pate/Time:
				·

Project Manager Review:

Note: Whenever there is a discrepancy affecting North Carolina compliance samples, a copy of this form will be sent to the North Carolina DEHNR Certification Office (i.e. out of hold, incorrect preservative, out of temp, incorrect containers)